

City of Rocky Mount
Inspection Services
Building
Permit Application

| | | | | | |
|--|-------|----------|--|--|------|
| Applicants Name | | | Telephone: | | Date |
| County Project is located in: Edgecombe _____ Nash _____ | | | Type Project Residential _____, Commercial _____ | | |
| Project Address | | | | | |
| Parcel Identification Number | | | | | |
| Contractor Name: | | | State License # | | |
| Address | | | Model Home Name Builders Express | | |
| City | State | Zip Code | Telephone | | |
| Project Supervisor | | | Telephone | | |
| Description of Proposed Work | | | | | |
| Contractor's Estimate (minus sub contractor cost) \$ | | | | | |
| Type of Building _____ New _____ Alteration _____ Addition _____ Repair _____ Other | | | | | |
| Type of Construction _____ IA, _____ IB, _____ IIA, _____ IIB, _____ IIIA, _____ IIIB, _____ IVA, _____ IVB, _____ VA, _____ VB | | | | | |
| Occupancy _____ (A), Assembly _____ Business _____ Educational _____ Industrial _____ Mercantile _____ (U), Utility _____ Hazardous _____ I unrestrained _____ I restrained _____ Other (Mixed) _____ Storage _____ Single Family _____ Two Family _____ Multi-Family _____ Accessory Building | | | | | |
| _____ Demolition _____ Storage Tanks _____ Moving House | | | | | |
| Building Area _____ Width _____ Depth _____ Total area in Sq. Ft. _____ Area per Floor | | | | | |
| Building Height _____ Feet _____ Number of Stories | | | | | |
| Please Attach a copy of a site plan showing distances from property lines, lot shape, size and relationship to street/s. | | | | | |

I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein. I further understand that this is not an authorization to begin work. **Work may only commence after approval and issuance of the permit.**

Owner/Agent Signature

(Do not write below this line. For office use only)

Received by _____ Approved by _____ Date Approved _____

| | | |
|-------------------------|--|---|
| Property Zone _____ | Is property in the Floodplain _____ Yes _____ No | Setbacks Front _____ Side _____ Rear _____ Corner _____ |
| Checked by _____ | Is property in the Floodway _____ Yes _____ No | Is property in the Watershed _____ Yes _____ No |

If Floodplain is marked Yes- remind customer that an Elevation Certificate may be required to be submitted.

Revised 3/05